

PLACE OF BIRTH SUPPLEMENT ATTACHED

## ARIZONA STATE BOARD OF HEALTH

1. County of Pila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 141County Registrar No. 402

Local Registrar No. \_\_\_\_\_

No. 408 Franz Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Maria Miranda3. Sex of Child  
female To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes7. Date of birth Sept 12 1927  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER

Full name Ramon Miranda9. Residence  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race

Mexican11. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country) Mexico

13. Occupation

Nature of industry Copper mine

14. MOTHER

Full maiden name Anna Callis15. Residence  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race

Mexican17. Age at last birthday 23 (Years)

18. Birthplace (city or place)

(State or country) Mexico

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9 A m. on the date above stated  
(Born alive or stillborn.)Signature J. J. Miller MDAddress Miami, Arizona

(Physician or midwife)

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Given name added from  
a supplemental report.

Month, day, year

Filed Sept 15, 27, 1927

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

441-912-132